



PLANNING BOARD

TOWN OF GRAFTON
GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext 1120 • FAX (508) 839-4602
planningdept@grafton-ma.gov
www.grafton-ma.gov

FILE

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AUG 31 2016

PLANNING BOARD
GRAFTON, MA

APPLICATION FOR MODIFICATION OF A SPECIAL PERMIT

Application No. SP 1446-6.3

APPLICANT & PROPERTY OWNER INFORMATION

NAME Troiano Realty LLC
STREET 109 Creeper Hill Rd CITY/TOWN A Grafton
STATE MA ZIP 01536 TELEPHONE 508 839-1300
NAME OF PROPERTY OWNER (if different from Applicant) Mark Troiano
Deed recorded in the Worcester District Registry of Deeds Book 19840 Page 130

SITE INFORMATION:

STREET AND NUMBER 109 Creeper Hill Rd
ZONING DISTRICT OLI ASSESSOR'S MAP 17 LOT #(S) _____
LOT SIZE 5.2 FRONTAGE 529
CURRENT USE Food Recycling

PROJECT/PLAN INFORMATION:

PLAN TITLE Building Addition Site Plan
PREPARED BY (name/address of PE/Architect) ASA Engineering
DATES 8/11/13 Prepared 8/11/14 Revised

Use for which Special Permit is sought: (refer to § 3.2.3.1 of the Zoning Bylaw - Use Regulation Table):

Extension of previous Special Permit

Cite all appropriate sections of the Zoning By-Law which pertain to this Application, Use and Site:

TO THE GRAFTON PLANNING BOARD:

The undersigned, being the APPLICANT named above, hereby applies for a SPECIAL PERMIT to be granted by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete.

Applicant's Signature Mark Troiano Date: 8/30/16

Property Owner's Signature (if not Applicant) _____ Date: _____

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TREASURER / COLLECTOR

Certificate of Good Standing

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

Please note: it can take up to three (3) business days to process each request.

Please check all that apply and indicate if permit(s) have been issued.

Permit Issued?		Permit Issued?	
Yes	No	Yes	No
<input type="checkbox"/> Building - Inspection(s)	_____	<input type="checkbox"/> Septic System	_____
<input type="checkbox"/> Building - Electric	_____	<input type="checkbox"/> Conservation	_____
<input type="checkbox"/> Building - Plumbing	_____	<input type="checkbox"/> Planning	_____
<input type="checkbox"/> Board of Health	_____	<input type="checkbox"/> Other	_____

Other Permit: _____

Troiano Trucking Inc.
Petitioner Name

109 Cooper Hill Rd
Petitioner Address

N. Grafton MA 01536
City, State, Zip

508-835-1300
Phone

Mark Troiano
Property Owner / Applicant

27 Thayer Circle Holden MA
Property Address

Grafton, MA
City, State, Zip

Date:	Current	Delinquent	N/A
Real Estate	✓		
Personal Property	✓		
Motor Vehicle Excise	✓		
Disposal			✓
General Billing			✓

[Signature]
Treasurer / Collector Signature

08/30/2016
Date



BOARD OF ASSESSORS

TOWN OF GRAFTON
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**GRAFTON
ASSESSORS**

FILE

Request for Abutters List

Date of Request: 8/30/16 Date List Needed: ASA
Requested by: Mark Triano Phone: 508 839-1300
Name of Property Owner: Mark Triano
Street Address of Property: 109 Creeper Hill Rd
Map: 17 Block: _____ Lot: 2

REASON FOR LIST:

Hearing before Zoning Board of Appeals	Yes	No
Hearing before Planning Board	<u>Yes</u>	No
Hearing before Conservation Commission	Yes	No

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Other: _____

**PLANNING BOARD
GRAFTON, MA**

REASON FOR HEARING - (please circle)

Variance Scenic Road Title 5 Special Permit Subdivision

Other: _____

RADIUS FOR ABUTTERS - (please check one)

Immediate _____ 300 Feet X Upon, along, across or under: _____

LABELS

Two Sets of Labels will be provided if needed: Yes _____ No _____
(Planning Board requires 2 sets of Labels)

Office Use Only

Date List Prepared: _____ Address Labels Prepared: _____

Fee Charged: \$ 75.00 Amt. Paid: 25.00 \$ Date: 8-31-16

Check: # 4426 Cash: \$ _____ Money Order: \$ _____